| Camplete and sarah | PE-m together wit | | - FEE(S) | | MITTAL ail Stop ISSI | 03/02/06 | |
|---|---|-----------------------|----------------|-----------------------------|--|---|--|
| Complete and send this form together with applicable fee(s), to: Mail | | | | | mmissioner O. Box 1450 | for Patents | |
| (MAR | 0 1 2006 (| | or <u>I</u> | | exandria, Vi 1) 273-2885 | rginia 22313-1450 | |
| INSTRUCTIONS his form should selected for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected through directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 12/02/2005 | | | | Not Fee pap hav | e: A certificate (s) Transmittal. ers. Each addition e its own certific | of mailing can only be used This certificate cannot be used and paper, such as an assignment cate of mailing or transmission. | for domestic mailings of the for any other accompanying tent or formal drawing, must |
| DAVID P. WOOD DELPHI TECHNOLOGIES, INC. Legal Staff, Mail Code: 480-410-202 P.O. Box 5052 | | | | I he Stat add tran | reby certify that tes Postal Service ressed to the Mandated to the U | Certificate of Mailing or Tran t this Fee(s) Transmittal is being e with sufficient postage for findial Stop ISSUE FEE address SPTO (571) 273-2885, on the | smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. |
| Troy, MI 48007-5052 =V 843432760 | | | | | Su | san Brish | (Depositor's name) (Signature) (Date) |
| APPLICATION NO. | FILING DATE | F | IRST NAME | INVENTOR | <u> </u> | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/771,760 | 02/04/2004 | James D. Daugherty | | | | DP-309915 | 3670 |
| TITLE OF INVENTION: C | OAXIAL CABLE TERMIN | ATION SYSTEM | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | SSUE FEE | | CATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | | | \$300 | \$1700 | 03/02/2006 |
| EXAMINER ART UN | | | | | | | |
| NGUYEN, CHAU N 2831 174-07500C | | | | | | | |
| 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| 01 FC:1501 1400.00 DA DELPHI TECHNOLOGIES, INC. TROY, MICHES 15001 6.00 DA | | | | | | | |
| Please check the appropriate | assignee category or catego | ries (will not be pri | nted on the pa | atent): | | Corporation or other private gr | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | |
| Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number (enclose an extra copy of this form). | | | | | | | |
| 5. Change in Entity Status | (from status indicated above | | Deposit Acco | ount Number | -5008 | (enclose an extra | copy of this form). |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | | |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | |
| Authorized Signature Succe Guish Date 3-1-06 | | | | | | | |
| Typed or printed name Susar 6/islar Registration No. | | | | | | | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | |
| | | | | | | | |